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FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Mongolia

SUMMARY

The Executive Director presents the country programme strategy note for Mongolia for a programme of cooperation for the period 1997 to 2001.

Mongolia is undergoing a process of structural change following a rapid transition to a market-oriented economy. Services for children and women have been affected, and significant numbers of families have fallen below the poverty line. Child survival services have been maintained with support from donors, but maternal health has suffered. Primary education enrolment rates have declined, and there has been a rapid increase in the number of children in difficult circumstances.

The proposed country programme will continue to support national child survival and development programmes and will move towards achieving other goals of the World Summit for Children. Model-building, with local initiatives, and advocacy and training for nationwide coverage will work to reverse declining access to basic health services and primary education enrolment. Community-based action by and for women and children in especially difficult circumstances will target disabled and street children. Empowerment strategies will link female-headed households with resources, skills and services. A multi-donor poverty alleviation programme is expected to mobilize significant external resources, and the country programme will support capacity-building for district officials to formulate poverty alleviation projects as part of implementing local programmes of action for children.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. Mongolia's 2.25 million people are involved in a structural transition to a decentralized market economy and society. Rural families, accounting for 45 per cent of the population, now care for themselves and their privatized herds. The former socialist system had developed widely accessible basic services, and alternatives to the central Government and commune roles in the delivery of social services are not yet fully developed.

2. In the larger sum (district) centres and cities there are no "safety nets", such as those based on nomadic traditions, to fall back on during restructuring. Some 55 per cent of the population live in urban areas, almost one half of them in Ulaanbaatar, the capital. Survival in the city is difficult. Over one quarter of Mongolian families live below the poverty line. Female-headed households have been especially affected by cutbacks in such services as day nurseries, kindergartens and "milk kitchens". Economic pressures have contributed to increases in divorce, alcoholism and violence, and there were 2,000 working children and 700 homeless children in Ulaanbaatar as of mid-1995.

3. There appear to be mixed trends in the transition to new systems for the delivery of social services. From 1991 to 1994, there was a 20 per cent decrease in the infant mortality rate (IMR) and the under-five mortality rate (U5MR) to 47 and 68 per 1,000 live births, respectively. Major declines in measles and diarrhoea-related deaths have been reported, and it is likely that such mid-decade goals as the eradication of polio and the elimination of neonatal tetanus will be achieved. Acute respiratory infections (ARI) contribute to over one half of deaths of children under five years of age. Both infant deaths from perinatal causes (12 per 1,000 live births) and the maternal mortality rate (MMR)(212 per 100,000 live births) have increased. Valid data on child nutrition are scarce, but surveys show that iodine deficiency is a major problem in most of the country. The 1990 primary school completion rate of 85 per cent decreased to 60 per cent by 1993, as many boys from nomadic families were withdrawn to help with herds. UNICEF cooperation will focus on improving the sustainability of child survival and development services and on supporting a child rights approach that focuses on disparity reduction.

LESSONS LEARNED FROM PAST COOPERATION

4. Since 1991, the main objective of UNICEF cooperation in Mongolia has been to minimize the impact of deteriorating social service delivery on children. Strengthening health services for child survival had a direct positive impact on IMR and U5MR, but maternal and child health and other indicators have deteriorated. Advocacy activities helped to establish a broad social and political consensus that children must be protected, as well as to development a national programme of action (NPA) for children and corresponding local plans. However, there is a lack of implementation capacity, particularly at the subnational level, to translate this consensus into practical and sustainable action. Such policy changes as decentralization of responsibilities, declining resource transfers from central to local levels and the introduction of user fees have increased disparities between aimags (provinces) and have limited Government capacity to innovate and implement.

5. A small portion of the extensive foreign assistance received by Mongolia has gone into the priority social sectors. A multi-donor poverty alleviation programme (PAP) developed during 1994-1995 under the leadership of the United Nations Development Programme is expected to provide a framework to coordinate decentralized initiatives for poverty alleviation and social services. This may

become the framework for a United Nations country strategy and for mobilizing more donor resources. The PAP creates opportunities for linkages with the process of decentralizing the NPA that is already under way.

6. While there is a national commitment to respect child rights, concrete action will be needed if all children are to realize their rights and disparities are to be redressed. Creativity will be required to design practical and replicable initiatives for the empowerment of urban, female-headed households. The programme of cooperation would be enhanced by the strengthening of partnerships that could tap such creativity in non-governmental organizations. The broader impact of the proposed cooperation will depend on interlinkages between the PAP, the NPA and local plans of action.

PROPOSED COUNTRY PROGRAMME STRATEGY

7. The country programme will help to sustain and expand Mongolia's achievements within the NPA, in keeping with the goals of the World Summit for Children, and strengthen local capacities to ensure sustainability. Its objectives are to:

(a) Sustain immunization coverage rates of about 90 per cent, reduce by one third from the 1994 level mortality related to diarrhoea and lower mortality due to ARI in children under five years of age;

(b) Reduce MMR by at least 50 per cent from 1993-1994 levels, to less than 110 per 100,000 live births, and reduce perinatal mortality by one quarter from 1994 levels;

(c) Achieve universal and sustainable iodization of alimentary salt;

(d) A achieve an 80 per cent rate of exclusive breast-feeding and timely introduction of complementary foods;

(e) In two selected aimags with high U5MR, develop models for strengthening the structure and financing of sum health services and information systems for women and children;

(f) In the sums of two selected aimags where school enrolment and completion rates have declined to below 75 per cent, build replicable models for decentralized universal primary education initiatives to raise these rates above 90 per cent;

(g) In five neighbourhoods of Ulaanbaatar where the number of street children is increasing, develop models for community-based support systems that will enable female-headed households to gain access to self-help skills and resources in order to improve their livelihood;

(h) In two aimags with fewer achievements as compared to national goals for children, to develop models for sum plans of action for children and women within the PAP framework;

(i) To strengthen capacities of all aimags and sums in planning and implementing local plans of action for children;

(j) To establish aimag and sum councils for local monitoring of World Summit for Children goals, child rights and the situation of children and women.

8. The strategy mix will respond to the challenges posed by the transition to maintain social service safety nets for children, while strengthening policies and reinvigorating systems. National efforts will focus on key NPA goals, advocacy and social mobilization for the NPA and the Convention on the Rights of the Child, and strengthening capacities for advocacy and communication for and by children and women. Innovative approaches to community social mobilization and family education will be developed, especially to reach poorer families.

9. All programmes will focus on building models for decentralized services and on strengthening local management capacities to realize the benefits of decentralization. Local projects in several aimags and sums will serve as models for government replication nationwide, or in selected areas to reduce disparities, by mobilizing resources using the PAP framework. Aimags selected for developing models will be involved in multisectoral initiatives to promote a more holistic approach. Monitoring of the situation of children and women will be strengthened to address disparities which threaten child rights and opportunities and linked to activities for identifying the root causes of problems and sharing of experiences.

10. Sectoral programmes and projects will be developed in five areas:

(a) A health programme will encompass immunization and the control of ARI and diarrhoea nationwide; safe motherhood and perinatal care, including a national training initiative, aimag-based service innovations and advocacy for nationwide coverage; and experiments in selected aimags to implement Bamako Initiative approaches;

(b) A nutrition programme will include national initiatives to control iodine deficiency disorders and other micronutrient deficiencies and to promote appropriate breast-feeding and complementary feeding practices. Behavioural change and household food security for nutrition improvement will be addressed within the education, child and family welfare and "children first" programmes, linked to disparity reduction initiatives;

(c) An education programme will include national in-service training for teachers of basic education, strengthening of national and local capacities for monitoring and evaluation related to basic education coverage and student performance, and expansion of local non-formal education initiatives for nomadic children and school drop-outs;

(d) A child and family welfare programme will focus on children in especially difficult circumstances, including local initiatives for community-based rehabilitation of children with disabilities and preventive and supportive models of action for street children. National follow-up to the Fourth World Conference on Women should further focus attention on mitigating the effects of the socio-economic transition on the situation of women. This programme will explore how to address such issues as the impoverishment of women and family violence. The focus will be on community-based action and empowerment of female-headed households to improve family access to essential resources, skills and services;

(e) A "children first" programme will mobilize civil society and community leadership for aimag and sum plans of action; nurture demonstration projects using intersectoral approaches developed around the needs of the children and mothers; build local capacities to formulate project proposals to replicate successes; and monitor the situation of children.

11. With the broad policy framework for children now largely in place in Mongolia, the programming process in the coming months will develop more detailed programme and project proposals for implementing these policies, given the focus on decentralization and severe resource constraints.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health	1 125	2 600	3 725
Nutrition	450	1 750	2 200
Education	900	675	1 575
Child/family welfare	525	875	1 400
"Children first"	750	850	1 600
Total	3 750	6 750	10 500

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.